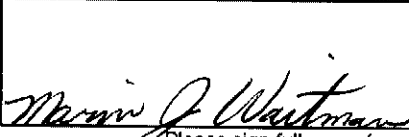


Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.	
1	(Circle one) <input checked="" type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.	Last Name WAITMAN	First Name MARVIN
		Middle Name(s) John	(Circle one) Jr Sr II III IV
2	Home Address 11212 Spokane Road		Apt. or Lot # Lead
		City/Town Lead	State SD
		Zip Code 57754	
3	Address Where You Get Your Mail If Different From Above 11212 Spokane Road		City/Town Lead
		State SD	Zip Code 57754
4	Date of Birth 05 / 10 / 1951	5	Telephone Number (optional)
		6	ID Number - (See Item 6 in the instructions for your state)
		Last 4 Digits of SSN 7802	
7	Choice of Party (see item 7 in the instructions for your State) Republican	8	Race or Ethnic Group (see item 8 in the instructions for your State) Caucasian
9	I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.		
		Please sign full name (or put mark)  Date: 01 / 18 / 2011 Month Day Year	

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

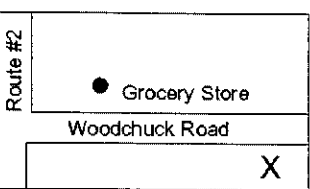
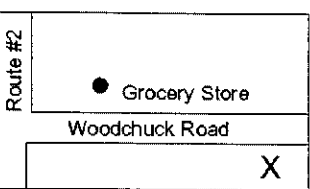
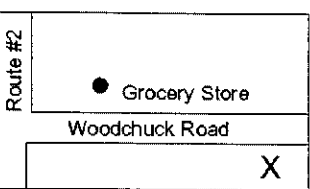
If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number) 425 E MISSOURI AVE	Apt. or Lot # #8	City/Town/County PIERRE	State SD DAK	Zip Code 57501
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑					
<table border="1"> <tr> <td>Example</td> <td>Route #2</td> <td>  </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			Example	Route #2			
Example	Route #2						

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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Mail this application to the address provided for your State.